Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$100 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$100 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

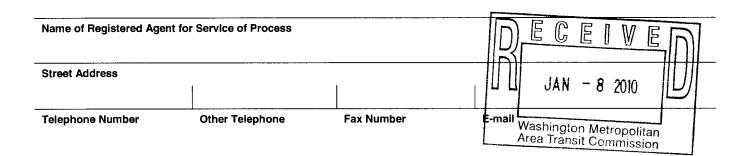
1. ANNUAL REPORT OF:

612	Crescent Moon Limousine Service, Inc.					
*WMATC No.	*Name of Carrier (as shown on certificate of authority)					
105 E. Annandale Road, #206A, Falls Church, VA 22046-4403						
*Street Address of Principal Place of Business						
P.O. Box 6107, Falls Church, VA 22040-6107						
Malling Address (if different from street address)						
(703) 534-9801		(703) 534-9803	muhsen1963@hotmail.com			
*Telephone Number	or Other Telephone	Fax Number	E-mail			

CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Mouhsen M. Dabbourah		President		
*Name		*Title		
(703) 521-0808		(703) 534-9803	muhsen1963@hotmail.com	
*Telephone Number	Other Telephone	Fax Number	E-mail	

3. REGISTERED AGENT <u>INSIDE</u> THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS *(Complete ONLY if Street Address in item 1 is OUTSIDE Metropolitan District):



contro not ap	l, or form o plicable, a	of organization the fter the carrier's o	er, consolidation or other chanal at occurred after the previous g certificate of authority was issu hanges have occurred.	year's annual repo	rt was filed,	or if
three o	ptions: (1)	list your vehicles	USED IN WMATC OPERATIONS below; (2) make any necessa (3) attach your own vehicle list	ary corrections on t	he enclosed	vehicle
Fleet No.	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating
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WMATC No: 612

Washington Metropolitan Area Transit Commission

2010 Annual Report: Revenue Vehicle List

Name:

Crescent Moon Limousine Service, Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

Check this box if all information on this list is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
101	2001	Ford	1FBSS31S21HA02232	H513310	VA	15
111	2003	International	1HVBTAFMX3H585458	H507011	VA	32
117	2003	Ford	1FDWE45F93HB79771	E31053	VA	25
121	2005	Ford	1FDXE45P95HA78164	H513280	VA	25
125	2005	Ford	1FDWE35L24HB27030	H513311	VA	15
129	2006	Ford	1FDXE45P66DA62500	H514281	VA	25
131	2006	Ford	1FDXE45P86DA62515	H514764	VA	25

